

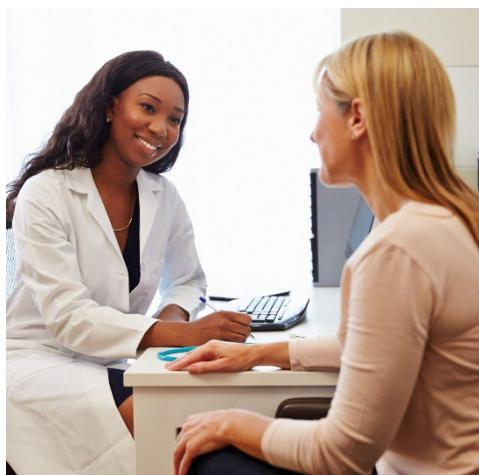
NIAAA SPECTRUM

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES • National Institutes of Health • National Institute on Alcohol Abuse and Alcoholism

Feature

Combining Screening, Brief Intervention, and Referral to Treatment With Recovery Management in Primary Care Settings Improves Outcomes



Alcohol screening, brief intervention, and referral to treatment (SBIRT) can be an effective method for identifying persons either at risk for or with alcohol-related problems and for connecting them to treatment. Recent data suggest, however, that while screening for alcohol misuse is common in

primary care and other health care settings, patients are less likely to be provided a brief intervention for problematic drinking and even more unlikely to be referred to or receive treatment for alcohol use disorder (AUD).^{1,2,3} For individuals who do receive treatment, preventing relapse and sustaining recovery are major concerns. New National Institute on Alcohol Abuse and Alcoholism (NIAAA)-supported research, published in the journal *Alcohol: Clinical and Experimental Research*, reports that combining SBIRT with recovery management in primary care settings increases the likelihood that patients receive treatment for alcohol and other substance use disorders (SUD) and reduces substance use over a 12-month period.⁴

In the study, investigators with Chestnut Health Systems' Lighthouse Institute conducted a randomized controlled trial to evaluate the effectiveness of SBIRT plus recovery management checkups for primary care (RMC-PC) compared to SBIRT only.

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The recovery management checkups (RMC) intervention directly links patients to treatment, ensures they engage in treatment, and promotes recovery through regular checkups and early interventions that detect relapse early and reduce the time to re-entry of treatment. A previous pilot study examining the efficacy of RMC for patients who had received SBIRT in primary care demonstrated higher rates of SUD treatment entry and more days of receiving treatment compared to SBIRT only.⁵

In the current study, the researchers followed 266 participants at four primary care sites (federally qualified health centers) to evaluate treatment and substance use outcomes over a 12-month period. Participants in the SBIRT plus RMC-PC group received quarterly checkups, and participants in both the SBIRT plus RMC-PC and the SBIRT-only groups were assessed quarterly. The findings showed that participants who engaged in the combined approach were nearly four times more likely to start treatment for AUD and other SUDs and achieve sustained recovery. In addition, participants who received SBIRT plus RMC-PC reported a significant increase in the number of days that they received treatment during the year. They also reported a decrease in the number of days that they used alcohol or cannabis as well as an increase in the number of days that they abstained from alcohol and other substances.^{6,7}

The study findings reinforce the critical role of primary care in identifying and intervening with alcohol and other substance-related problems, and in providing continuous support to improve treatment and recovery outcomes.⁸

References:

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News From the Field

Semaglutide Shows Promise as a Potential Alcohol Use Disorder Medication



Intramural scientists at the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA), and collaborators from The Scripps Research Institute, found that [semaglutide reduces alcohol consumption and binge-like drinking in a rodent model of alcohol misuse](#). Published in the June 2023 issue of the journal JCI Insight, the study adds to growing preclinical evidence that the glucagon-like peptide-1 (GLP-1) system plays a role in alcohol and other substance use disorders, and that GLP-1 receptor agonists show potential for treating people with alcohol use disorder (AUD).

GLP-1 is a gut hormone that stimulates insulin secretion after eating, which promotes a feeling of fullness, helps to regulate blood sugar, and reduces hunger cravings. Semaglutide and other GLP-1 agonists—medications

that bind to GLP-1 receptors and mimic their effects—are currently used as treatments for diabetes and obesity.

"Parts of the brain that drive eating behaviors overlap extensively with the drive to use alcohol or other substances," explained Lorenzo Leggio, M.D., Ph.D., and Leandro Vendruscolo, Pharm.D., Ph.D., two of the senior authors of the study. They added that there is also overlap between the brain mechanisms that regulate overeating and those that contribute to the development and maintenance of substance use disorders, including AUD. Dr. Leggio is Chief of the joint NIDA/NIAAA Clinical Psychoneuroendocrinology and Neuropsychopharmacology Section. He also serves as the NIDA Clinical Director and Deputy Scientific Director. Dr. Vendruscolo is Chief of the Stress and Addiction Neuroscience Unit, a joint laboratory of NIDA and NIAAA.

Previous rodent studies demonstrated that GLP-1 receptor agonists suppressed the rewarding effects of alcohol and reduced alcohol consumption. Dr. Leggio and his colleagues noted that, compared with other GLP-1 receptor agonists, semaglutide is more potent, has a higher affinity for its receptor, and is longer acting. Together, these characteristics make semaglutide a promising candidate for preclinical investigation and clinical translational studies in people with AUD.

In the current study, the researchers demonstrated that semaglutide reduced binge-like alcohol drinking in both male and female mice, and that the effect was dose-dependent (i.e., greater amounts of semaglutide led to greater reductions in binge alcohol intake). The researchers also tested semaglutide in rats that were made dependent on alcohol through long-term exposure to alcohol vapor. They found that semaglutide reduced alcohol intake in this animal model, again with no sex differences.

Dr. Leggio's team concluded that "the present finding that semaglutide suppresses alcohol intake in different animal models of alcohol misuse provides compelling support for testing semaglutide in future clinical trials in people with AUD."

Reference:

Chuong V, Farokhnia M, Khom S, Pince CL, Elvig SK, Vlkolinsky R, Marchette RC, Koob GF, Roberto M, Vendruscolo LF, Leggio L. The glucagon-like peptide-1 (GLP-1) analogue semaglutide reduces alcohol drinking and modulates central GABA neurotransmission. *JCI Insight*. 2023;8(12):e170671. PubMed PMID: [37192005](#)

Noteworthy



Credit: Daniel Silber, NIH Clinical Center

Canadian Official Visits Clinical Center, Learns About Alcohol Research

The Honorable Ya'ara Saks, Minister of Mental Health and Addictions and Associate Minister of Health for Canada (left), toured the National Institutes of Health Clinical Center on Nov. 13, 2023. As part of her visit, she spoke with National Institute on Alcohol Abuse and Alcoholism (NIAAA) Deputy Clinical Director Nancy Diazgranados, M.D. (right), about NIAAA's research, including the simulated bar laboratory that is pictured here. Researchers use this "virtual bar" to explore triggers to drinking beverages containing alcohol and to test potential new medications for alcohol treatment.

Noteworthy



Credit: Office for Science and Technology of the Embassy of France

National Institute on Alcohol Abuse and Alcoholism Signs Letter of Intent With French Science Agency

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has signed a letter of intent (LOI) with its French counterpart, [Institut national de la santé et de la recherche médicale](#) (National Institute of Health and Medical Research), also known as Inserm.

Signed Nov. 14, 2023, at the Embassy of France in Washington, D.C., the LOI states that NIAAA and Inserm "intend to explore and develop mutually beneficial forms of technical cooperation" in support of research on the adverse effects of alcohol on health and well-being.

Pictured at the signing are (left to right) NIAAA Director George F. Koob, Ph.D., Ambassador of France Laurent Bili, and Didier Samuel, M.D., Ph.D., Chairman and Chief Executive Officer of Inserm.

Noteworthy

National Institute on Alcohol Abuse and Alcoholism Releases Web Resource for Middle School



Underage drinking is a significant public health problem in the United States. As part of its efforts to raise awareness of and combat underage drinking, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) has launched [NIAAA for Middle School](#). NIAAA for Middle School is an online resource that helps parents, caregivers, and teachers introduce and reinforce key messages about peer pressure and skills for resisting it, as well as about other important topics related to underage drinking.

"Early initiation of alcohol consumption increases the risk of a wide range of harmful consequences during adolescence and adulthood," said NIAAA Director George F. Koob, Ph.D. "We created NIAAA for Middle School knowing that alcohol intervention efforts started at a young age can positively influence a young person's path in life."

NIAAA for Middle School contains sections focusing on [the dangers of underage drinking](#), on [peer pressure](#), and on [skills for resisting peer pressure](#). These three sections begin with an overview providing background information and end with print-friendly handouts and interactive activities designed for kids ages 11 to 13. The handouts and activities can be used at home, in classrooms, or in after-school programs. An additional section includes important [resources](#) on treatment, support, and mental and physical health. These resources can help with school projects about alcohol.

NIAAA for Middle School replaces and continues the objectives of the long-standing and very popular Cool Spot website. Like the former Cool Spot, NIAAA for Middle School is grounded in the Alcohol Misuse Prevention Study (AMPS) from the University of Michigan. One goal of AMPS was to give students a clearer picture about alcohol use among their peers because it is often less than they think. Other goals of AMPS were to help students learn skills to resist pressure to drink and to give them reasons not to drink.

You can find [NIAAA for Middle School](#) online now.

Five Questions With ...

Dawn Wayman, M.H.S., Scientific Diversity Officer, National Institute on Alcohol Abuse and Alcoholism



1. Your title is Scientific Diversity Officer. How would you describe the goals for this position?

The role of Scientific Diversity Officer (SDO) represents a new position at the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and emphasizes the institute's commitment to advancing diversity, equity, inclusion, and accessibility (DEIA) both internally and in the broader alcohol research community. I believe the role of the SDO will quickly become critical to the success of the federal government-wide strategic plan on DEIA that seeks to strengthen our ability to recruit, hire, develop, promote, and retain our nation's talent and remove barriers to equal opportunity in the federal workspace.

At the agency level, the SDO position ultimately has three goals that align with the [National Institutes of Health \(NIH\) UNITE initiative](#) and [NIH-Wide Strategic Plan for DEIA](#), and ideally would trickle down to each institute or center:

- Promote equity in the internal NIH workforce.
- Promote equity in the NIH-supported biomedical research ecosystem.
- Elevate health disparities and minority health research across institutes and centers.

2. Can you share some information about your background and how it motivated you to join NIAAA as an SDO?

After earning my master's degree in epidemiology, I came to NIH to do health disparities research. I enjoyed that work and spent several years on the science side of the house until an opportunity arose for me to participate in the NIH Management Intern Program. During that experience, I began exploring employee engagement and satisfaction, and trying to understand how we create welcoming and inclusive work environments.

I became more fully immersed in diversity, equity, and inclusion work when serving as an institute's liaison to the NIH Office of Human Resources and the NIH Office of Equity, Diversity, and Inclusion. That experience opened my eyes to the disparities that exist across the employment life cycle and formally shifted my career from trying to understand why certain groups of people experience disparate health outcomes to attempting to understand why certain groups of people experience disparate outcomes in the workplace.

While in the Management Intern Program, I completed a rotation at NIAAA and enjoyed my experience. Sometimes it's the little things that stand out. For me, it was the presence of treadmill desks before standing desks were the norm. This small but meaningful recognition of an employee's needs spoke volumes.

When I was interviewing for the NIAAA SDO position, the interview felt quite comfortable. I walked away feeling like this organization could be a great fit for me. It is the right size and has a leadership team that is fully committed to this important DEIA work, so I knew this was a place where I could plant roots for many years.

3. In your opinion, what are the most effective ways to influence positive institutional change in an organization concerning DEIA issues?

Change takes patience. Change takes time. Change takes place one person at a time. Most importantly, change requires being open to learning new things from new people. When we each bring our whole selves to the table, amazing things can happen.

In a previous role, I used the framework *SEE* to implement the organization's DEIA strategy. I challenged the organization to *See* the difference, *Educate* themselves in the DEIA space, and *Engage* in the work. In other words, before we can change an organization, we need to step back and look at what's happening—where are the disparities in our organization, what does our demographic makeup tell us, what do our satisfaction and climate surveys say about us, what does our grant portfolio look like? Then we do the work.

This same framework can be used at NIAAA. Taking the necessary time to fully understand an organization is one of the most effective ways to influence positive institutional change, because our approach will be tailored to address our specific needs.

I encourage individuals to discuss DEIA topics regularly, ask questions, be willing to learn and perhaps shift one's thoughts or ideas, participate in DEIA-related activities across the agency and in the community, and really lean into those uncomfortable conversations. That's where the magic happens.

4. What are some of your near- and long-term goals for NIAAA concerning DEIA?

At NIAAA, I hope we can foster an internal and external environment that welcomes everyone, no matter their background, and offers opportunities for professional growth, development, and success.

In the short term, I'd love to see us expand our connections with underrepresented communities across the institute's intramural and extramural research programs. For example, we are working on expanding our outreach to minority-serving colleges and universities across the country to increase awareness about our internship and research training programs.

When thinking about expanding the reach of our extramural research program, part of the work will focus on ensuring that all individuals and communities have access to information about the grants process at NIAAA and NIH. This may be through webinars and information sessions or resources on our website. Collaboratively, we will figure out the right steps to help us achieve the goal of increased connection.

In the long term, I want NIAAA to be a model organization for DEIA work across NIH and the government. In five years, I hope we are an organization where a whole bunch of “differents”—and that’s all of us because we are all different—are making a difference in the NIH landscape and the alcohol research enterprise. My dream is that the conversation at that time is not about us expanding efforts to connect with people of all backgrounds. Rather, I hope we are celebrating the culture we have created in our organization that has led to meaningful change in every area of our work.

5. *Outside of the office, how do you like to spend your free time?*

I want to believe I have a vibrant life outside of the office. I have a few things on my list ... hiking, baking, coaching, being the best auntie ever, and writing. I volunteer with Special Olympics of Howard County as a coach during soccer and basketball seasons, and I am fully convinced there are no better athletes than the ones I coach.

I am also a family person, so I try to attend my nephews’ sporting events and visit my parents when my schedule allows. Lastly, I enjoy baking and cooking (and I may have a small garden that believes it’s “the little engine that could”), so I look forward to baking pies and cookies and picking fresh produce from the farm (to supplement my garden picks) during the fall and winter of every year.

ABOUT US

NIAAA Spectrum is NIAAA’s webzine. With engaging feature articles, short news updates, and colorful graphics, *NIAAA Spectrum* offers accessible and relevant information on NIAAA and the alcohol research field.

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